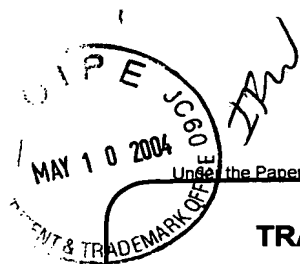


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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/826,093	
	Filing Date	4-16-04	
	First Named Inventor	James G. Sullivan	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	James G. Sullivan
Title	Pin and Collar Shoring Device
Art Unit	
Examiner Name	
Attorney Docket Number	

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31156

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City	Skokie	State	IL	Zip	60076
Country	U.S.A.				
Telephone	847-329-8185	Fax	847-329-8750		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	James G. Sullivan		
Signature	<i>James G. Sullivan</i>		
Date	4.29.04	Telephone	847-698-3508

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